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CONFIRMATION NO. 3490

<b>SERIAL NUMBER</b> 10/648,026	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 998067 PA 1	
<b>APPLICANTS</b> Liqin Sun, San Gabriel, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/406,557 08/27/2002 <i>Z.V. ✓</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none Z.V. ✓</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/18/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>E. O. Chuli</i> <i>Z.V.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 30781					
<b>TITLE</b> Acupoint patch					
<b>FILING FEE RECEIVED</b> 459	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		